MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET	SERIAL NO. 10786696	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
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11							61							
12							62							
13							63							
14							64							
15							65							
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18							68							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	10						TOTAL DEP.							
TOTAL CLAIMS	13						TOTAL CLAIMS							